PHYSICIANS should state

of OCCUPA-

Exact statement

properly classified.

CAUSE OF DEATH in plain terms, so that it may be

certificate.

See instructions on back of

TION is very important.

-WRITE

V. S. No. 1

# STATE OF MARYLAND—CERTIFICATE OF DEATH

1193113

1	. PLACE OF D	EATH			93-2
	County	Talbot			Registration Dist. No. 290
	Village or City Length of residence				No
2	. FULL NAME	Katie	Andrew		
	(a) Residence: N	10	Easto (Usual place	n, Md.,	St., Ward.  If nonresident give city or town and State
	PERSONAL	AND STATISTI	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
F1	Temale	White	5. SINGLE, MAR OR DIVORCE	RIED, WIDOWED, O (write the word) OW	21. DATE OF DEATH Set 18, 193 3 (Wonth) (Day) (Year)
5a.	If marriad, widowad, or HUSBANO of (or) WIFE of	Luther J.	Andrew		22. I HEREBY CERTIFY, That I attanded daceased from 1931, to 18, 1933
6.	DATE OF BIRTH (mont	h, day, and year) AU	g 4, 18	64 :	I last saw hestaliva on Sept 18, 1937; dauth Is said
7	AGE Yaars 69	Months	Days	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at _ 1_1m.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
LION		KKEEPER, atc	House		Chronic my ocarditis 5780
OCCUPATION		, as SILK MILL, NK, atc			Λ
00	10. Date daceased las this occupation yaar)	(month and	sper	me (years) It in this pation	Dther Contributory Causes of importance:
12.	BIRTHPLACE (city or to (State or country)	own)Pre	eston. Md	•••••••••	Driet Commontery Came of Importance:
ER	13. NAME	V. H. Per	CV		
FATHER	14. BIRTHPLACE (city (Stata or count		reston, Md.,		Name of operation Data of Was there an autopsy?
ER	15. MAIOEN NAME	Ellen	Dillor	1	23. If daath was due to external causas (VIOLENCE) fill in also tha following:
MOTHER	16. BIRTHPLACE (city (State or coun		Chopts Md.		Accident, suicida, or homicide?
17.	INFORMANT Pro	nk Yalkei Eastoi			(Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.
18.	BURIAL, CREMATION, Place East	DR REMDVAL	Oate 9 /20	/	Manner of Injury
19.	UNDERTAKER	V. H. Holl	is & Soreston,		24. Was disease or injury In any way related to occupation of deceased?
20.	FILEO 9/19	, 19 33 7	.H. K	LALCO	(Signed)
	-				

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish earefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ogo
Chronic interstitial nephritis	1921	Run over by street car	1 week ogo
Cerebrol hemorrhage	July 5,1927	Peritonitis	3 days ogo
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SI	PACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

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(	T	1	The second

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(193U4)
County Callet	Registration Dist. No. 290
Village or City Caston (II	No. Omeraque Variation Ward feath occurred in a horpital or individuon, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	
2. FULL NAME Miss Clinateth	Deken
(a) Residence: No. Chestertoun M	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (prine the word)	21. DATE OF DEATH Sptember 9, 193 3
5a. If married, widowed, or divorced HUSBAND of	1 HEREBY CERTIEX. That I attended deceased from
(or) WIFE of	1 HEREBY CERTIEY, That I attended deceased from
B. DATE OF BIRTH (month, day, and year)	Hast saw her alive on Sevent 9 , 1933; death is said
AGE Years Months Days If LESS than	to have occurred on the date stated above, a local 21 Qim.
(04 11 22 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Data of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	0 1 1
9 Industry or husiness in which	Sulestino Hetruction SH6:
work was done, as SILK MILL, SAW MILL, BANK, etc	(adlesine.)
1D. Data deceased last worked at this occupation (month and year) occupation	
40 - 0 1-	Dther Coutributory Causes of Importance:
(State or country)	Topenia 963
13. NAME James, Baller	
13. NAME James Salber	Name of operation of aralony Date of 9 7 3
(State or country) Maryland	What test confirmed diagnosis? Cleffeld Was there an autopsy?
15. MAIDEN NAME Sally Turbur  16. BIRTHPLACE (city or town) West and Country  (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) & lent County	Accident, suicide, or homicide?, 19, 19, 19, 19, 19, 19, 19, 19, 19
(State or country) / Yearuland	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether injury occurred in INDÚSTRY, in HDME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Chepter W bate ///, 1933	Nature of injury
19. UNDERTAKER Chas & lood (Address) Chestestown Mo	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 9/9 , 1933 M. Melrics Registrar.	(Signed) 2 Land M. I
If more blanks are needed, address State Registrar	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work donc.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	the last	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURGAU YOR			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			<u> </u>

ADDITIONAL SPAC	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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PHYSICIANS should state PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement should be carefully supplied. AGE should be stated EXACTLY. OF DEATH in plain terms, so that it may be properly classified. E. IARGIN RESERVED FOR BINDING very important. See instructions on back of certificate.

B.—WRIFE

V. S. No. 1

TION IS CAUSE mation

of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH	10-
1. PLACE OF DEATH	210-m)	)(1.)
County /alhot	Registration Dist. No. 290	
Village or City Carlon (IF	No. Muley truly It is parta Ist, death occurred in a horpital or institution, kive its NAME instead of street and num	Ward
Length of residence in city or town where death occurredyrs,mos.	How long in U.S. If of foreign birth?yrsmos.	ds.
2. FULL NAME Mary Sarrell		
(a) Residence: No. Shuh et TWN MA.	St., Ward.  If nonresident give city or town and Sta	nte
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 1. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DRORCED (write the word)	21. DATE OF DEATH September 14	93 <sup>3</sup> (Year)
5a. If married, widowed, or divorced HUSBAND ot (or) WIFE of	22. O   HEREBY CERTIFY That Lattended de	ceased from
(OF) WIFE OF	Seph. 10, 1933, to Seph. 14	., 1933.
6. DATE OF BIRTH (month, day, and yaer) apr 9, 1914	I last saw h 'OU alive on Spla 14 ,1933;	death is said
7. AGE Yaars Months Days It LESS than I day,	to have occurred on tha data statad ebova, atm.	
7 0 ormin.	The PRINCIPAL CAUSE OF DEATH end related causas of importance ware as follows:	Date of onset
8. Trade, profession or particular kind of work dona, as SPINNER, SAWYER, BDOKKEEPER, atc.	Fractures Seull	1/102
9. Industry or business in which	Traclines Special	yrirs
work wes dono, es SILK MILL, SAW MILL, BANK, etc.		
10. Date deceased last worked at this occupation (month and spent in this		
year) occupation	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town)		
(State or country)		
13. NAME Slorge Barrell  14. BIRTHPLACE (city or town)  (State or country)	A	· · · · · · · · · · · · · · · · · · ·
14. BIRTHPLACE (city or town)	Name of operation Date of 1	13,2.5
(State of Country)	What test confirmed diagnosis? Was there are aut	opsy?
15. MAIDEN NAME (Line Johnson)  16. BIRTHPLACE (city or town)  (State or country)	23. It daath was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide accident.  Date of Injury ILL 0	3 6
O 16. BIRTHPLACE (city or town) (State or country)	Where did injury occur? Leav Chesterloren The	Q
0 // / 60 .	(Specify city or town, county and State) Specity whather Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC	F.
17. INFORMANT (Address)	Jublie Highway	
18. BURIAL, CREMATION, OR REMOVAL	Mennar ot injury auto accedent -	
Pleca Vanone levelepate Dept 16, 19 3.5	Nature of Injury Fractures Shrill	
19. UNDERTAKER GAMENTE TO THE CANADA TO THE	24. Was disease or injury In eny way ralated to occupation of decaased?	no
20. FILED 9/15-, 183 M. W. Newsey	(Signed) W Jalue Cu	M. D.
Registrar.	(nuulass)	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	- 8	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 'S	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrolis	1921	Run over by street car	1 week ago
Cerebral hemorphage	July 5,1927	Peritonitis	3 days ago
Other contributory Causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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B

STATE OF MARYLAND—	CERTIFICATE OF DEATH 09306
1. PLACE OF DEATH	(73)
County 191601	Registration Dist. No. 290
Village or City EasXom	ND. Mergeney 105 Xastr, Ward death occurred in a hospital per inslitution give its NAMELinstead of street and number)
Length of residence In city or town where death occurredyrs,mos.	death occurred the a hospital of instruction give he in Alvie Unseed of street and number)  ds. How long in U.S. If of foreign birth? yrs mos ds.
2. FULL NAME Elwood Berry	
(a) Residence: No. Card wa Maculand	. St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIYORCED (write the word)	21. DATE OF DEATH
Male Black Single	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	1933 to Sept. HereBy CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) May 14. 1903	I last saw in Man alive on Sept. 14 1933; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2:224
2 2 1 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession of particular	were as follows:
8. Trade, profession, of particular kind of work done, as STINNER, SAWYER, BODKKEEPER, etc.  9. Industry er business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date descendation (month and this securation (month and this securation (month and this securation this securation this securation this securation (month and this securation that security is securated to the securation that secure the securation that security is securated to the securation that security is secured to the security is secured to the security in the security is secured to the security is security is secured to the security is secured to the s	& CW. A abonen 9/333
9. Industry er business in which work was done, as SILK MILL.	
work was done, as SILK MILL, SAW MILL, BANK, etc.	
apent in this	
6 C h. 1 1	Dther Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Queen Universe, Many land (State or country)	
13. NAME Charles Berry 14. BIRTHPLACE (city or town) Kent Island N.d.	
14. BIRTHPLACE (city or town) Kent Island Mid.	Name of operation Source Research Date of 9 3 33
(State of country)	What test confirmed diagnosis? Cluster Was there an autopsy? 246
15. MAIDEN NAME Mary Eliz. Wilson 16. BIRTHPLACE (city or town) Green Anne Md	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (Queen Conne Md	Accident, suicide, or homicide? Accident Date of injury 9 3, 1953
(State or country)	(Specify city or town, county and State)
17. INFORMANT Slovge / Serry	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) Queen Queen M	canning tackny : Queen Unne, 1nd.
Place Carolier le Date 9/6 1933	Manner of Injury 7. Slaph
000000	Nature of injury Veryor alian of Bornel
19. UNDERTAKER Address)	24. Was disease or injury In eny way related to occupation of deceased?
9/4 25 0 8/1	(Signed) Zullaline - M.D.
20. FILED 1933 1-14 Alla Registrar.	(Address) Euston M.D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BULLIANAMA A			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

. PLACE OF DEATH	<u> </u>
County Jalvol	Registration Dist. No. 29/
	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long In U.S. if of foreign birth?yrsd
2. FULL NAME Hester Blake	
(a) Residence: No. Royal Oak Ind (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed	21. DATE OF DEATH  (Month)  (Day)  (Year)
If married, widowed, or divorced	
HUSBAND of (or) WIFE of Blake	Sept 11, 1933, to Sept 30, 193
DATE OF BIRTH (month, dey, end year) Lenkmow	1 lest sew here alive on Dept 23, 193; death is sa
AGE Yeers Months Days If LESS than	to have occurred on the date stated above, et 1230 m. 2000
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as tollows:
8. Trede, profession, or particular kind of work done as SPINNER	p p fy A
kind of work done, es SPINNER, Looks	Claute Bughts Threese
Undustry or business in which work was done, as SILK MILL,	<i>f</i>
10. Dato deceased last worked et \$ / 11. Total time (yeers)	
10. Dato deceased last worked et Sept 17 this occupation (month end Sept 17 year) 1933 cccupation (month end Sept 17 occupation 35 year)	
	Dther Contributory Causes of Importance:
(State or country)	77-0
1.0 11.	The state of the s
11 12 12 12 12 12 12 12 12 12 12 12 12 1	1/220/
14. BIRTHPLACE (city or town) (Stete or country)	Name of operation Date of
241	What test confirmed diegnosis? Was there an eu'opsy? W
	23. If death was due to external ceuses (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Jallot 16. D (State or country)	Accident, suicide, or homicide?, 19
11 1	Where did injury occur? (Specify city or town, county and State)
(Address) Royal Oak	Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
BURIAL, CREMATION, OR REMOVAL Plece Royal & R. Date Off 3, 1953.	Manner of Injury
UNDERTAKER James W Spence (Addiess) & Easton ma	24. Was disease or injury In any way related to occupation of deceased? NO
FILED SILT 3 1953 John Huwales	(Signed) thelep the wis M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state Exact statement of OCCUPA-

stated EXACTLY.

The in plain terms, so that it may be properly classified.

arefully supplied. AGE should be

TION is very important. See instructions on back of certificate.

N. B.—WRITE PLAIN

CAUSE OF mation should

STATE OF MARYLAND—	CERTIFICATE OF DEATH 09308
1. PLACE OF DEATH  County Talks to 6	Registration Dist. No. 291
Village or City St State (III  Length of residence in city or town where death occurred 7 to yrs mos  2. FULL NAME MAN Share  (a) Residence: No. St Mark also 28	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth? yrs. mos. ds.
(Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Oey)  (Yeer)
5e. If merried, widowed, or divorced HUSBAND of (or) WIFE of Paniel Chancy	22. I HEREBY CERTIFY, That Lettended deceased from
6. DATE OF BIRTH (month, day, end yeer) april 3/857	I lest sew h. 22 alive on Dept 20 ,19 35; deeth is said
7. AGE Years Months Oays If LESS than	to have occurred on the date stated above et 7 1517m

Village or City St michael In	NoSt Ward
	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?mosds,
2. FULL NAME CAMPIE DA Bhanes	
(a) Residence: No. St Michael 2009 (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Oey)  (Yeer)
5e. If merried, widowed, or divorced HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month, day, end yeer)  7. AGE  Years  Months  Oays  If LESS than 1 dey,hrs.	1 HEREBY CERTIFY, That Lettended deceased from 1933, to 2 eff. 20, 1933 lest sew h. 22 alive on 2 eff. 20, 1933; deeth is sald to have occurred on the date stated above, et 9 emm.
8 Trade profession or particular	The PRINCIPAL CAUSE OF DEATH and related ceuses of importence were es follows:  Date of onset
9. Industry or business in which work wes done, as STLK MILL, won SAW MILL, BANK, etc.  10. Dete decessed last worked et this occupation (month end yeer)  12. BIRTHPLACE (city or town)  13. BIRTHPLACE (city or town)	Other Contributory Causes of importence:
(Stete or country)  I 3. NAME  14. BIRTHPLACE (city or town)  (Stete or country)  Talbort  (Stete or country)	Neme of operation would better the part of
(Stete or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (Stete or country)  17. INFORMANT  (Address)	Whet test confirmed diegnosis? Wes there en eu'opsy? Westhere en eu'opsy
18. BURIAL, CREMATION, OR REMOVAL Place of Michael Oate Sept 23, 19-33	Menner of injury  Neture of Injury  24. Was disease or injury in any wey releted to occupation of deceased?
20. FILED Lifet 23, 1933 John Hewwells  Total Registrat.	(Signed) The Manual M. D.  (Address) De Muchala Med

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. 6			ń
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SP	ACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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fully supplied. AGE should be stated EXACTLY. PHYSICIANS should state AN WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. **JARGIN RESERVED FOR BINDING** TION is very important. See instructions on back of certificate. N. B.—WRITE PLAIN mation should be

V. S. No. 1

1. PLACE OF DEATH County allows and allows a	STATE OF MARYLAND—	CERTIFICATE OF DEATH 09309
Village or City Start St	1. PLACE OF DEATH	948
Village or City Start St	County Salbot	Registration Dist. No. 29/
Length of assidence in city groups whate death occurred the control of the contro	Village or City Bozmane	No. St. Ward
2. FULL NAME  (a) Residence: 18 Boffman (Uvalpher of abods)  PERSONAL AND STATISTICAL PARTICULARS  3. SIX  4. COLOR ORACE  5. SINGLE MARKED, WIDOWED  6. DATE OF DEATH  3. SIX  4. COLOR ORACE  5. SINGLE MARKED, WIDOWED  6. DATE OF DEATH  5. 11 Imarina, widowed, or divorced for the world of the date stated above, at 2 In the world of the date stated above, at 2 In the world of the date stated above, at 2 In the world of the date stated above, at 2 In the world of the date stated above, at 2 In the world of the date stated above, at 2 In the world of the date stated above, at 2 In the world of the date stated above, at 2 In the world of the date stated above, at 2 In the world of the date stated above, at 2 In the world of the date stated above, at 2 In the world of the date stated above, at 2 In the world of the date stated above, at 2 In the world of the composition of the world of the date stated above, at 2 In the world of the date stated above, at 2 In the world of the date stated above, at 2 In the world of the date stated above, at 2 In the world of the composition of the world of the world of the date stated above, at 2 In the world of the date stated above, at 2 In the world of		
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PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR-RACE  5. SINGLE MARRIED, WIDOWED  OR DIVORCED Countric the worth  1. DATE OF DEATH  (Month)  (Day)  (Total)  1. DATE OF DEATH  (Month)  (Day)	1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1	Ch. Ward
3. SEX ACOURT OR RACE S. SINCLE, MARRIED, WIDOWED, ON BIVORCED Countric the winds (Day of Victor)  3. If married, widowed, or divorcad (Co) Wife of MANY Q looked of the country of Wife of MANY Q looked of Constitution (Co) Wife of		
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8. Trade, profession, or perticular Months  9. Vindustry or business in which war as 160lows:  9. Vindustry or business in which war as 160lows:  10. Date decessed fact worked at 11. Total time (years) spant in this occupation months war as 160lows:  11. Date decessed fact worked at 11. Total time (years) spant in this occupation months war as 160lows:  12. BIRTHPLACE (city or town), A Date of the profession months was as 160lows:  13. NAME  14. BIRTHPLACE (city or town), A Date of the profession months was due to extranal causes (VIOLENCE) fill in also the following:  15. MAJDEN NAME  16. BIRTHPLACE (city or town), A Date of injury  17. INFORMANI MARY A La Control of the profession of decessed?  18. BURIAL, CRYMATION, OR REMAIN  Places of the profession of decessed from 182 and 182 and 182 and 183 and	OR DIVORCED (write the worsh)	Fefet 15 193 3
E. DATE OF BIRTH (month, day, and yes)  7. AGE  Years  Months  Days  If LESS than I day, hrs, or min.  See Survey of the date stated above, at m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:  SAW MILL BANK, atc.  10. Date decessed last worked at this occupation (month sed occupation)  State or country  11. BIRTHPLACE (city or town)  (State or country)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  MATERIAL (REMATION), OR FEMINAR  (Address)  18. BURIAL CREMATION, OR FEMINAR  Place of Material Causes  (Address)  Mannar of injury  Nature of injury  Na	HUSBAND of COR A	22. VHEREBY CERTIFY That attended deceased from
7. AGE  Years  Months  Days  II LESS than 1 day,	6. DATE OF BIRTH (month, day, and year) Files 28 1877	
8. Trade, profession, or perticular find of work done as SPINNER. Autorid.  9. Industry or business in which safe deceased last worked at this occupation (month and year).  10. Date deceased last worked at this occupation.  11. Total time (years) spant in this occupation.  12. BIRTHPLACE (city or town). An Chuster Portion occupation.  (State or country).  13. NAME  14. BIRTHPLACE (city or town). An Chuster Portion occupation.  (State or country).  15. MAIDEN NAME  16. BIRTHPLACE (city or town). An Chuster Portion occupation.  (State or country).  16. BIRTHPLACE (city or town). An Chuster Portion occupation.  (State or country).  17. INFORMANT PORTION OF PRESENTING OF PRESENTING OF PRESENTING OF PRESENTING, or REMARKS.  18. BURIAL, CREDATION, OR REMARKS.  19. UNDERTAKEN OF MAIN Autor Date Supply 19. 33  19. UNDERTAKEN OF MAIN Autor Date Supply 19. 34  24. Was disasse or injury in any way releted to occupation of deceased?  (Signed).  (Signed).  (Madress).  10. Date of injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Regimer.  (Address).  (Signed).  (Madress).  (Madress).  (Address).	7. AGE Years Months Days If LESS than	- 4
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20. FILED Left 16. 19 53 John Hewales (Signed) John M. D. Local Registrar. (Address) TH Michael		
20. FILED 2012 16 , 19 37 Michaells (Address) (Address)	Tall = 10 13 15 15 15 15 15 15 15 15 15 15 15 15 15	111121.6
	Local Registrar.	(Address) To Michael

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car On	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis 2	3 days ago
		REHALL 1939	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH	9310
1. PLACE OF DEATH	Pagistration Diet No. 29	^
County Salkon	Registration Dist. No.	
	ND. St.,  f death occurred in a hospital or institution, give its NAME instead of street and m s. ds. How long in U.S. if of foreign birth? yrs. mo	
2. FULL NAME Mores looken		701
	O1 Word	
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Warshed	21. DATE OF DEATH (Month)	, 193 3 (Year)
5a. If married, widowed, or divorced HUSBAND of		
(or) WIFE of mallie Cooper	22. I HEREBY CERTIFY. That I attended	deceesed from
the state of the s	The same is always to the all 1083	; death is said
6. DATE OF BIRTH (month, day, and year) May   1988 7. AGE 444ears 4 Months 9 Days   If LESS than	to have occurred on the date stated above, et 4. 77 m.	,; death is said
I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8 Trada profession or particular	wera as follows:	Date of onset
8. Trada, profession, or particular kind of work dona, as SPINNER, Farm Labour SAWYER, BODKKEEPER, etc  9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc  10. Data deceased last worked at this occupation (month and	The state of the s	1-6/-2/-2
9. Industry or business in which	4	4
work was dona, as SILK MILL, SAW MILL, BANK, etc.	-	
	94	
year) Dec / 1932 occupation 32 year	Dther Contributory Causes of importance:	01
12. BIRTHPLACE (city or town)	Veronia Myseculitis	1/34/31
(State or country) Salbot (08		
13. NAME Thomas looper  14. BIRTHPLACE (city or town). Jalbot los und	V	
2 14. BIRTHPLACE (city or town) Talkot los Ind	Name of operation Date of	
(State of Country)	What tast confirmad diagnosis? Was there an a	u'opsy?
15. MAIDEN NAME Mory Johns	23. If daath was due to external causes (VIDLENCE) fill in also the following	:
16. BIRTHPLACE (city or town)	Accidant, suicide, or homicide? Date of injury	, 19
(Stata or country) Salvat 60	Where did Injury occur?	
17. INFORMANT John Whooper (Address) Easton Ind	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	ACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Piaca Williams being Date Oft. 12,193:	Nature of injury	
19. UNDERTAKER James a spense (Address) Easton ma	24. Was disaasa or injury in any way related to occupation of deceased?	no.'.
20, FILED 9/11 , 19 33 N.H. Neurus Registrar.	(Signed) - alphand de Supple Reg	M. D.
If more blanks are needed, address State Registrar	, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 weck ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SI	PACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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PHYSICIANS should state

stated EXACTLY.

AGE should be

be properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH Toplain terms, so that it may

mation should be carefully supplied.

V. S. No. 1

of OCCUPA.

Exact statement

STATE OF MARYLAND	CERTIFICATE OF DEATH 09311
1. PLACE OF DEATH	To the second se
County_\albot	Registration Dist. No. Q 9 0
Villaga on Oile Factor	11 - 12-12
(If	death occurred in a hospit or institution give its NAME instead of street and number)
	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Mrs. Wilda Gwing	
(a) Residence: No. Easton, Maryland	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Sew Tember 23 1933
temale While Widowed	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE-ot.	22. I HEREBY CERTLEY, That I attended deceesed from
(or) WHE of Charles Euring	DERT 1933, to DERT 23 1933
6. DATE OF BIRTH (month, day, end yeer) O. 1. 15. 18 6 4	I last saw hew alive on Dept. 23 , 1933; deeth is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 12:20a:m.
[ ] I day,hrs. ormin,	The PRINCIPAL CAUSE OF DEATH and related causes, of importance
9 Teads arefering as auticular	Date of onset
Nind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. WOLLD	Eyzelips left 9/33
Solution of pertuction of pertuction of pertuction of the find of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Data_deceased last worked at this necunation (month end this necunation (month end speak))	D legstates 3
SAW MILL, BANK, etc	
this occupation (month end 933 spent in this occupation	
	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) . All the Country) (State or country)	
13. NAME TAVAL. Lahan 1	
± 7, 6	71500
4 14. BIRTHPLACE (city or town) CMACACOLLA (State or country)	Name of operation Date of
15. MAIDEN NAME MAALL & Lize lett Ulight	What test confirmed diagnosis? Was there an autopsy?
I Same	23. If death was due to external ceuses (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) / / / / / / / (Stete or country)	Accident, suicide, or homicide? Date of injury, 19 Where did injury occur?
PARALEUM I	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT (Address)	openi, whether injury occurred in Product, in nowe, of in Public Place.
18. BURIAL, CREMATION OR REMOVAL Centering The	Manner of Injury
Place Spring Tolly Date 9-16 ,1933	Nature of injury
19. UNDERTAKER Call W Stafford	24. Was disease or injury in any wey related to occupation of decessed?
(Address), Gaston mal.	If so, specify
20. FILED Sept 25, 19 33 1. H. Terrin	(Signed) M.D.
Registrar.	(Address) Coolor Ruf

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURRAU V			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1	STAT	TE OF M	ARYLAND	)—C	CERTIFICATE OF DEATH 09312
1. PLAC	E OF DEATH	_			92.0
County	Jallo	7			Registration Dist. No. 290
Village	or City Coas	tou,	Curer	gen	con Haspetal St., W
Length	of residence in city er toy	/ vn where death occur	redyrs_3//	mos.	eath occurred in a hospital or institution, give its NAME instead of street and number)  20 _ds. How iong in U.S. if of foreign birth?yrs,mos
2. FULL	(4)	Le fil	Daline.		Frances
4 **	sidence: No.	Children	gumas	NN	St. Ward.
(4) 110	sidelice. No.	Jack Life	al piace of abode)	++011	If nonresident give city or town and State
	SONAL AND ST	ATISTICAL P	ARTICULARS		MEDICAL CERTIFICATE OF DEATH
3. SEX	4. COLOR OR R		E, MARRIED, WIDOWE VORCED (write the wor		21. DATE OF DEATH
Ilal	- When	1 711	doured	_	(Manth) (Day) (Yeer
HUSBANI	widowed, or divorced of	_	7,00	1 2	22. / I HEREBY CERTIATY, That I attended deceased
(or) WIFE	" / Calke	kene!	Malle	1	Jule 18, 0, 1933, 10 September 30, 193
6. DATE OF B	RTH (month, day, end ye	er) Feb	13-185	3	i lest sew h_ WM alive on DI PAULON 30 , 1933 ; death is
7. AGE	Years M	onths D	eys if LESS th		to heve occurred on the date stated above, at _ 2 3 _ m.
	80	7 1	7   1 day,min		The PRINCIPAL CAUSE OF DEATH and releted ceuses of Importence were es follows:
kir	profession, or particular d of work done, es SPIN	INER.	1 m. 1	1	+
F SA	WYER, BOOKKEEPER, etc y or business in which	view	Can I Heren	LAM	Carone Valriller
O_ WO	k wes done, as SILK MI W MILL, BANK, etc	II. Hardis	are Stor	-	Deciare willy
10. Date	eceased lest worked et soccupation (month and	11	. Total time (years)	,	Delenyukana 6/1
	1928		occupation Auf	e	Other Cautributery Causes of importence:
12. BIRTHPLA	CE (city or town)	reen l	love, Co	2	Outer Canadisatory Causes of Importance.
1	r country)	mary	land		
13. NAME	Grekeel	Im. The	man		
4 14. BIRTH	LACE (city or town)	MC42FH	Contract to	100	Name of operation Dete of
1 (3	ate or country)	m	10-1		What test confirmed diegnosis?
15. MAIDE	ran	ges III. Y	elange		23. If death was due to externel ceuses (VIDLENCE) fill in also the following:
	PLACE (city or town) U[: ate or country)	Trumbe.	Jan Co		Accident, suicide, or homicide?
	21.	1 n 6	and and a		(Specify city or town, county and State) Specify whether injury occurred in iNDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMAN (Addre		Ferri de	man		in the state of th
18. BURIAL, CF	EMATION OF REMOVAL	100	1.1.		Menner of injury
Place.	entrent	Date U	UCT - 1-, 19:	83	Nature of injury
19. UNDERTAK	FR B.P.	Fellow	W.	1 2	24. Was disease or injury in eny way related to occupation of deceased?
(Addre	F 1 1 A 1	Poud	, ma		if so, specify
	13 1033	7.41.	nessi		(Signed) My Aller
20. FILED /O					

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		100	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE I	FOR	FURTHER	STATEMENTS	BY	PHYSICIA	N
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STATE C	F MARYLAND-	CERTIFICATE OF DEATH	
1. PLACE OF DEATH			19313
County all 1		Registration Dist. No. 29	10
Village or City	T.,	No. St.,	Ward
Length of residence in city or town where d		f death occurred in a hospital or institution, give its NAME instead of street and sds. How long in U.S. if of foreign birth?yrsn	
2. FULL NAME Sti	el-lane) >	Trundeu	
(a) Résidence: No.		St., Ward.	
PERSONAL AND STATISTI	(Usual place of abode)	If nonresident give city or town and MEDICAL CERTIFICATE OF DEATH	d State
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
mw	OR DIVORCED (write-the word)	Sept. 9	, 193 3
5a. If married, widowed, or divorced HUSBAND of		(Month) (Day)	(Year)
(or) WIFE of		22. 9 9 HEREBY CERTIFY, That I attended	deceased from
6. DATE OF BIRTH (month, day, and year)	06+19 1933	I last saw hears stive on 9/9 19.3	3 death is said
7. AGE Years Months	Days If LESS than	to have occurred on the date steted above, at	
	l day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		C7.091	-
9 Industry or business in which		- Succession -	7-9-1
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc  Date deceased lest worked et this occupation (month end	1 11 7-416-4		~
this occupation (month end	11. Total time (years) spent in this occupetion		-
12. BIRTHPLACE (city or town)	lan	Other Contributory Causes of importance:	
(State or country)	nol.	Planta Premia	-
13. NAME Harry	rundu		
13. NAME TO TOWN 14. BIRTHPLACE (city or town)	paweling	Name of operation	
(State of country)	100	What test confirmed diagnosis? Wes there an	autopsy?
15. MAIDEN NAME TOUCH	tant	23. If death was due to external causes (VIOLENCE) fill in also the following	•
O 16. BIRTHPLACE (city or town) (State or country)	Dard.	Accident, suicide, or homicide! Dete of injury Dete of injury Occur?	, 19
17. INFORMANT Mrs. Walte	1 Thee ulant	(Specify city or town, county and Standard Stand	te) .ACE.
(Address) Easta	ind.		
18. BURIAL, CREMATION, OR REMOVAL	State 9/9 1933	Manner of injury	
Pola Que	100	Neture of injury	4
19. UNDERTAKER (Address)	and the	24. Was disease or Injury in any way related to occupation of decessed?	
20. FILED 9/9 19 33 77	Jd. norsing	(Signed) - 2 - Co	M. C
, 13-5-5-1	Registrar.	(Address) Sonston	nd.
	Registrar.	(Address)	no

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ZAAMPIC 1		Zzampie II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
		NEGENERAL PROPERTY.		
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FO	FURTHER STATEMENTS	BY	PHYSICIAN
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AGE should be stated EXACTLY.

properly classified.

See instructions on back of certificate.

OF DEATH in plain terms, so that it may be supplied.

ry important.

mation should be carefully

CAU TION

(Address)

28,1933

PHYSICIANS should state

of OCCUPA-

Exact statement

ż

STATE OF MARYLAND-	CERTIFICATE OF DEATH 09314
1. PLACE OF DEATH	93-2
County Valbot	Registration Dist. No. 29/
Village or City Nearitt	No. St Word
(16	death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME John W. Warnson	ds. How long in U.S. if of foreign blrth?yrsmosds.
(a) Residence: No. Neuvetts mt (Usual place of abode)	St.,WardIf nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 6. SINGLE, MARRIED, WIDOWED, 6. OR DIVORCED (write the word) 6. Married, 7. Married, 7. Married, 7. Married, 8. SEX 8. SINGLE, MARRIED, WIDOWED, 9. OR DIVORCED (write the word) 8. Married, 9. Marrie	21. DATE OF DEATH 2 7 193 (Year)
58. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Harrison	22. I HEREBY CERTIFY, That I attended dacassed from
6. DATE OF BIRTH (month, day, and year) Cepril 14 1869	Jast saw harmaliva on fit 2 4 , 1955; daath is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the data stated allova, at 3, 20.4 m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Carlo Renal desion al 147
10. Date deceased last worked at this occupation (month and year)  11. Total time (years) spent in this occupation occupation occupation	<i>j</i>
12. BIRTHPLACE (city or town) Jalloof Co (State or country)	Other Contributory Causes of Importances  Lucy greateles  Burg
13. NAME THELACE (city or town) Callot Co	
14. BIRTHPLACE (city or town) (Stafe or country)	Name of operation Date of What test confirmed diagnosis? Was thar an au'opsy?
15. MAIDEN NAME Uma J. Wayman	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Jallot Go (Stata or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Mary E. Harrison	(Specify city or lown, county and State) Specify whether Injury occurred in HYDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Meanit md Date Supt 29, 19 33	Manner of injury
10 HADERTAKED MELLOTRAME + THATTERN	24. Was disease or injury in any way related to occupation of deceased? 2

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

If so, specify

(Signed)

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onsel of importance were as follows: of importance were as follows: Arterioselerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis July 5, 1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	V. S. No. 1	MA	RGIN	RESERVI	I Q	OR I	MARGIN RESERVED FOR BINDING	•	M)
11011 Severy important. See instructions on back of certificate.	N. B.—WRITE PL. mation should CAUSE OF D TION IS very	INLY, WITH UNbe carefully supp EATH in plain ter important. See ii	VFADIN olied. A rms, so t	G INK—T] GE should hat it may ns on back	he s be p of ce	S A Pl tated l roperly	ERMANENT EXACTLY classified.	RECORD, Every r. PHYSICIANS Exact statement	item of infor should stat of OCCUPA

County Village or City OWA TA No. 290  Village or City OWA TA No. 290  St	
William or Con (add 1771 Mallet) when the control of the control o	1)
Village of City (O(A) A TT) // MILLA IIII NO (MILLI) Has OI A A	1)
Length of residence in city or town where death occurred	
2. FULL NAME TOP LUD HUMBO (3 MOS)	
(a) Residence: No. St., Ward.	
(Usual place of abode) If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS  MEDICAL CERTIFICATE OF DEATH  3. SEX  4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.  21. DATE OF DEATH	
OR DIVORCED (write the word)	3
	Year)
HUSBAND of (or) WIFE of 22. I HEREBY CERTIFY That attended decease	ed from
0/25/23 30/1. VS (1933 W SCOT, 25, 1	9.33
7 AGE Years Months Dave LIGHTSCANO	th is said
1 day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
2 Trade profession or continues	olonset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date decembring (month and this eccupation (month and th	13/55
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and spent in this	
year) Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town) WWW OV TANK	
(State or country) (State or country) (State or country) (NA.	
E AMINOUN (Inhumin)	1
(State or country)	71/35
What test confirmed diagnosis? Was there an autopsy  15. MAIDEN NAME  23. If death was due to external causes (VIOL ENCE) fill in also the following:	2-1-14
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  Accident, suicide, or homicide?  Date of injury	9
Where did injury occur?	
(Specify city or town, county and State)  17. INFORMANT	
(Address) 10 A Shall All All All All All All All All All	
Place & Nachulal & as Jaco ON 1933 Manner of injury Nature of injury	
19. UNDERTAKER Sindangeurey Naspital 24. Was disease or injury in any way related to occupation of deceased?	
(Address) Eastless of Injury III any way related to occupation or deceased.	
20. FILED 9/25 1933 D. H. Nevres (Signed) The Stople	M. D.
Registrar. (Address) Collars	us

is State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

mation should be carefully supplied. AGE should be stated EXACTLY.

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be TION is been important. See instructions on back of

should state of OCCUPA.

PHYSICIANS Exact statement

properly classified.

N. B.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 09316
$\sim$ 1 $\sim$	<i>\text{\tin}\text{\tetx{\text{\tetx{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\ti}\text{\text{\text{\text{\text{\text{\tin}\text{\text{\text{\ti}\tint{\text{\text{\text{\texi}\tint{\text{\texit{\text{\texi}\text{\text{\texi}\tint{\text{\texi}\tint{\text{\texi}\text{\texinttit{\texi}\texit{\texi}\tint{\texit{\texi}\texittt{\texit</i>
County alkal	Registration Dist. No. 290
Village or City Carlon	No. mengency Has putal St., Ward
Length of residence in city or town where death occurredyrs, mos.	death occurred in a hospital or institution, bive its NAME instead of street and number)  ds. How long in U.S. il of loreign birth?
5 A 0 D	
2. FULL NAME Still form / fub	band
(a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX . 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
OR DIVORCED (write the word)	2. DATE OF BEATH Sept. 5- 1933
Wall While Single	(Month) (Oay) (Year)
5a. If marriad, widowed, or divorced HUSBAND of	22. Q I HEREBY CERTIFOY, That I attended deceased from
(or) WIFE of	2(P) 5 1933 10 2(P) 5 1933
6. DATE OF BIRTH (month, day, and year) 2 pt. 5 1933	I last saw h_JVM_alive on_JCD1
7. AGE Years Months Oays I If LESS than	to have occurred on the date stated above, st
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular	were as follows:
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Oata deceased last worked at this occupation (month and specific property).	> A
. Industry or business In which	
work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Oata deceased last worked at 11. Total time (years)	Aluanda aprenda
this occupation (month and spant in this occupation	J-coccess
12. BIRTIIPLACE (city or town)	Dther Contributory Causes of importance:
I 13. NAME within / hubband	
14. BIRTHPLACE (city or town)	Nama ol operation
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mary Mright 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Oale of injury, 19
E (State or country) Mayland	Where did Injury occur?
17. INFORMANT Tacker althus Sulfach	(Specify city or town, county and State) Specify whether injury occurred In INOUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place to devalura Date 9/6 1933	Nature of injury
0-1 041 00 1	
19. UNDERTAKER (Address) + 9 d 0 1 0 1 0 1 0 1 0 1 0 0 0 0 0 0 0 0 0	24. Was diseasa or Injury in any way ralated to occupation of deceased?
(Mulless)	If so, specify
20. FILED 7/5- , 1933 M. H. Kerus	(Signed) M. D.

Registrar.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street ear	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenterilis	1 year
	1915 1921	Date of onset  The principal cause of death and related causes of importance were as follows:  1915  Attack of epilepsy  1921  Run over by street car  July 5, 1927  Peritonitis  Other contributory causes of importance:

ADDITIONAL SI	PACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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	Registration	Dist. No.	790
No.		St.	Ward
death occurred in a horpital or institu	tion, give its NAN	AE instead of street	and number)
ds. How long in U.S. if o	of foreign birth?	yrs	mosds.
St., Ward.	If nonresides	at give city or town	and State
MEDICAL C		E OF DEAT	
21. DATE OF DEATH	011		
	Sept.	20	193
	(Month)	(Day)	(Year)
22. a / 1 HEREBY	CERTIE	That I stor	ided dacaased from
/ W// A . /	. 1953 - to	Selson	20 19.33
7.11	0-6	5/6	
I last saw h	Sign	, 19.5	3_; death is said
to have occurred on the date state	The state of the s	m,	
The PRINCIPAL CAUSE OF DEAT were as follows:	H and related cat	ises of importance	Date of onset
Carab	in		
blen	wrle	eff	- 6/4/32
		//	11/2
			J6
Other Contributery Causes of impo	ortance:	condit	p ( )
Colymund	2 chyge	tourn	10-1-130/
Nama of operation		Date	of
What test confirmad diagnosis?		Was thera	an autopsy?
23. If death was due to axternal car	uses (VIOL ENCE)	fill in also the follo	wing:
Accident, suicide, or homicide?		Date of injury	19
Where did injury occur?			,
•	(Specify city	or town, county and	State)
Specify whether Injury occurred I	n industry, in h	IOME, OF IN PUBLI	G PLACE.
Manner of injury			
Nature of injury			
24. Was disease or injury in any w	ray related to occu	pation of deceased	1 2000
If so, specify		10.01	
(Signed) Laufn	and Il	113/21	M. D.
10	2	The	,
(Addrass) /-/-	27/000		

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ADDITIONAL SPACE FOR F	FURTHER	STATEMENTS	BY	PHYSICIAN
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item of infor-Exact statement of OCCUPA-PHYSICIANS NLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. mation should -WRITE

V. S. No. 1 m ż

state

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	900
County /albol Village or City/ Easton	
(If Length of residence in city or town where death occurredyrs,mos	NoSt.,Ward f death occurred in a horpital or institution, give its NAME instead of street and number) 6ds How long In U.S. if of foreign birth?yrsds.
2. FULL NAME Samuel R Mas Even (a) Residence: No. South St (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Market	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary & Mary & Mar Ewan	22. I HEREBY CERTIFY, That I attended deceesed from 1933, to Sept 13, 1933
6. DATE OF BIRTH (month, day, and yeer) (Sel 9 1872	I last saw h alive on Sept 13 , 1933; death is said
7. AGE 6 / Years / Months 4 Days   If LESS than 1 day hrs.	to have occurred on the date stated above, at
9. Trade exploration or particular	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:  Date of onset  Aug 31-33
8. Trede, profession, or particular kind of work done, as SPINNER, blergaman SAWYER, BDOKKEEPER, etc.	
9 Industry or business in which work was done, as SILK MILL, Ep. S.C. o.b. & C. o.b. &	
O 10. Date deceased last worked at 11. Total time (years)	
this occupation (month and Aug 25 spent in this occupation 40 Jes	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	aug 31-33
(State or country) Rawdon Canada	-
13. NAME John Macrowar	
14. BIRTHPLACE (city or town) Rawdan landay	Name of operation
(State of country)	What test confirmed diagnosis?
15. MAIDEN NAME Jane Dawson 16. BIRTHPLACE (city or town). Rawdon Landon	23. If death was due to external causes (VIDL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Rawdon Cornelas (State or country)	Accident, sulcide, or homicide? Dete of injury, 19
17. INFORMANT Oligal mac Ewan (Address) 5-25 Rosebank are Boltinou	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Easton Md Dele Box 15, 1933	Manner of injury
19. UNDERTAKER James a Spance	24. Was disease or Injury In any way releted to occupation of deceased?
20. FILED. 91.5- 1933 M. A. Merrico	(Signed) I'M Stevels M. D.
Registrar.	(Address)

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis / O.	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis A:	3 days ago
Other contributory causes of importance.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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1	county Self	1			75) Registrat	tion Dist. No. 29	7 7
1 /	Village or City	ston	mol	NoNo		St.,	W
	Length of residence in city or t	own where death cour			oital or institution, give its Na g In U.S. If of foreign birth		
2. F	FULL NAME	artes	Smar	wall.			
	(a) Residence: No.	ralou (Unu	sal place of abode)	St.,Wa		dent give city or town an	d State
	PERSONAL AND S	TATISTICAL P	ARTICULARS	MED	ICAL CERTIFICA	TE OF DEATH	
1. SEX	ale Wh		E, MARRIED, WIDOWED, WORCED (write the word)	21. DATE OF I	(Mogan)	L (bay)	, 193 Z
5a. If m	narried, widowed, or divorced USBAND of	13 Th	carchae	22. aug 2	REBY CERT	IF That I attended	d deceased
6. 0AT	E OF BIRTH (month, day, and	year) 5/8/	02	I last saw & LAM	alive on aug. 3	124 ,193	3; death is
7. AGE	Years	Months Da	ays If LESS than 1 day,hr:		he date stated above, at	45 R.m.	
1 0	3/	3 2	ormin.	were as follows:	De ATH and related	Causes of Importance	Date of
101	. Trade, profession, or particul- kind of work done, as SP SAWYER, BDOKKEEPER, e	INNER,	ilor		renn are	onollym	
CUPA	Industry or business in which work was done, as SILK & SAW MILL, BANK, etc	MILL,					
00 10	Oate deceased last worked a this occupation (month an	t _ 11.	. Total time (years)				
12	year)	73/33	occupation / 7	Other Cautributory C	auses of importance:		
12. BIR	RTHPLACE (city or town)(State or country)	Inner !	P. J				
œ   13	. NAME	man gr	1100	7	~ ~ ~ = 6 = 0 = 6 6 6 0 0 0 0 0 0 0 0 0 0 0 0		
E	7.000	my "	Terro poo	Name of a soution			
K 14.	. BIRTHPLACE (city or town) (State or country)	Md			fiagnosis?		au'oney?
置 15.	. MAIDEN NAME	us & T	Janevek		external causes (VIOL ENC		
15. 16.	. BIRTHPLACE (city or town)			Accident, suicide, or l	homicide?	Oate of Injury	, 19
Σ	(State or country)	ma	- 0	Where did injury occ		ty or town, county and St	ata)
17. INF	7	10 m	and all	Specify whether injur	y occurred in INOUSTRY, in	n HOME, or In PUBLIC P	LACE.
18. BUR	(Address)		-11.	Manner of Injury			
	Place Caston	nd Date	7/4/35 19	Nature of injury			
19. UNI	DERTAKER JAMES	assu	ecan 1	24. Was disease or Inj	ury in any way related to o	ccupation of deceased?	
	(Address) Early	in Mord		If so, specify	2	10 20 /-	8.6
3				(Signed)			

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	i de la companion de la compan	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attock of cpilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		2012	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHE	R STATEMENTS	BY	PHYSICIAN	T
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of OCCUPA-

V. S. No. 1 B. ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH	320
1. PLACE OF DEATH	(37)	
County Lalle C	Registration Dist. No. 292	
Village or City le offerd	ND. St., death occurred in a horpital or institution, give its NAME instead of street and num	Ward
	20-ds How long in U.S. if of foreign birth?yrsmos	
2. FULL NAME Ernest B Merrick		
	St. Ward.	
(a) Residence; No. (Usual place of abode)	If nonresident give city or town and Ste	nte
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR DR RACE OR DIVORCED (write the word) Widowich Widowich	21. DATE OF DEATH Suft 10th (Day)	93 <b>3</b> (Year)
5a. If married, widowed, or givorced HUSBAND of (or) WIFE of Lida Kersey Hadlaway	22. I HEREBY CERTIFY, That I attended dec	ceased from
17 191-4	9 1 4 7 5	death is said
6. DATE OF BIRTH (month, day, and year) and year) A S S 7. AGE 7 S Years   Months   2 Days   If LESS than	to have occurred on the date stated above, at . 7	
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
8 Trade profession or particular (2 - 4	were as follows:	Data of onsat
kind of work done, as SPINNER, Relissed farmer	Chrome Inostetitis	1930
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.  8, Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.  10, Date deceased last worked at this occupation (month and spent in this county in the same in the same in the same in this county in the same in the same in the same in this county in the same in the		/
SAW MILL, BANK, etc		
this occupation (month and year) spent in this occupation occupation occupation		
	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) - (State or country) Problem Maryland	P. L. Donald Brilliand Sel-	1633
	The state of the s	
13. NAME Matthreas Murrick  14. BIRTHPLACE (city or town)	Name of operation	
(State or country) Talkot lon knd	What test confirmed diagnosis? Was there an au'c	opsy?
15. MAIDEN NAME Harriet Barnes	23. If death was due to external causes (VIOLENCE) fill in also the following:	
15. MAIDEN NAME Harriel Barnes  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide? Date of injury	, 19
(State or country) Saller 60	Where did injury occur?	
17. INFORMANT Mrs. H & Leonard	(Specify city of town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	E.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place Traffice Met Date Age 22 , 1933	Nature of injury	
19. UNDERTAKER James a Skines.  (Address) Farton, and	24. Was disease or injury in any way related to occupation of deceased?	Δ
20. FILED Sept 24 d. 1933 Joseph a Rogistrar.	(Signed) (Address) (Address) (Address)	M. C
If more blanks are needed, address State Registrar,	, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

UNFADING INK-THIS IS A PERMANENT INCORD. Every item of infor-FOR BINDING TARGIN RESERVED N. B.-WRITE PLAINLY, WITH

V. S. No. 1

PHYSICIANS should state

9 - 1	STATE OF MARYLAND—	CERTIFICATE OF DEATH
state UPA-	1. PLACE OF DEATH	
	County Talbah	Registration Dist. No. 27
-	Village or City hear Royal Oak	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
9		death occurred in a norpital or institution, give its IVAIVIE instead of affect and number,  ds How long in U.S. if of foreign birth?yrsmosds.
ent	and Im Pon	
YSICIANS	Dalle March	of St., Ward.
PHYSICIANS oct statement	(a) Residence: No. 1994 ON (Usual plate of abode)	If nonresident give city or town and State"
PII	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Exa	3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
L Y	male white bidower	(Month) (Day) (Year)
X A C T l	5a. If married, widowed, or directed HUGDAND of	22. I HEREBY CERTIFY, That I attended deceased from
A (	(OF) HITE of Sarah S. Moore deceased	Sefet 18 ,1931, 10 Seft 2 ,1933
	6. DATE OF BIRTH (month, day, and year) Fels 5-1838	1 last saw h alive on, 193; deeth is said
	7. AGE Years 95 6 Months 28 Days If LESS than 1 day, hrs.	to have occurred on the date stated above, at \$3.2.Am.
stated properl certifica	Jeb. 5. 1838   Ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
	8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	aportal and
d be y be k of	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and	na par on p
should it may n back	9 Industry or business in which work was done, as SILK MILL, Jarmer SAW MILL, BANK, etc.	
sh it	10. Date deceased last worked et this occupetion (month and	
	year) occupation occupation	Other Coutributory Causes of Importance:
plied. AGF erms, so tha instructions	12. BIRTHPLACE (city or town) Calerson Delaware	Ow of one as par
ns, stru	(State or country)	as a con just
	13. NAME James Van Dyke Moore  14. BIRTHPLACE (city or town)	Name of operation Date of
y sul ain t	14. BIRTHPLACE (city or town)	What test confirmed diagnosis? Was there an au'opsy?
1	15. MAIDEN NAME Rochel Mac Murphey	23. If death was due to external causes (VIOLENCE) fill In also the following:
	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
S F	(State or country) Delaware	Where did injury occur? (Specify city or town, county and State)
ld be DEAT	17. INFORMANT 4.7. Moore	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
should OF D	(Address) Royal Oak Ma	
sh E 0	18. BURIAL, CREMATION, OR REMOVAL Place Easter Date 15 193	Manner of injury  Nature of injury
mation s CAUSE TION is	A A Observed	24. Wes disease or injury in any way related to occupation of deceased?
ma CA TIC	19. UNDERTAKER James 71. 2 Sence	If so, specify
ů,	1 LT & 32 Chan Huwales	(Signed) Danifle, Infale M.D
i F	20. FILED 4 4 , 19 3 2 Jacob Registrar.	(Address) Royal Oak, 2010
1	The way blanks are moded address State Registrary	2411 N. Charles Street Baltimore Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	-	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	93.0
County Jally	Registration Dist. No. 345
Village or City. New Fragge Ma	No. St., (If death occurred in a hospital or institution, give its NAME instead of street and it
Length of residence in city or town where death occurredyrsyrs	mos. W ds. How long in U.S. if of foreign birth?yrsm
2. FULL NAME Calhemile & Mos	re
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Festile White 5. SINGLE, MARRIED, WIDOWEE OR DIVORCED (write the word Married)	
ia. If married, widowed, or divorced HUSBAND of	a list the control of
(or) WIFE of John 6 1400	22. I HEREBY CERTIFY, That I attended
March 27 186	9 Hast saw her alive on June 1923
5. DATE OF BIRTH (month, day, and year)	Z 1.0P
64 S 18 1 day,	hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or perticular	were as follows:
SAWYER, BOOKKEEPER, etc.  9. Industry or business in which	Olympia hulorardilar hi
9. Industry or business in which	(0.33
work wes done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked et the last worked et this occupation (month and spent in this	
year) occupation T	Dther Contributory Causes of importance:
12. BIRTHPLACE (city or town) Phila Pa	
(State or country)	
13. NAME Wantes	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diegnosis? Wes there an
15. MAIDEN NAME Mary Elizabellitard	2. If death wes due to external causes (VIDL ENCE) fill In elso the followin
16. BIRTHPLACE (city or town) Jallot Co	Accident, suicide, or homicide? Date of injury
(State or country) ud	Where did injury occur?
17. INFORMANT Nellie ( Morris a Co	(Specify city or town, county and Sta Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PI
(Address)	••••
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Of Pro Lemiley Date (Dept 19, 19	Nature of injury
Marie Filmones &	24. Was diseese or injury in eny wey related to occupation of deceased?
19. UNDERTAKER MUSIKA — Ugumum 1964.  (Address)	If so, specify A
Set 12 12 11 11 0 0-	(Signed) toell acord
20, FILED 19.19.19.19.19.19.19.19.19.19.19.19.19.1	Carlot Sand

053.12

e trappella	No. St., Ward
where death occurred 60 yrs, 5 mos.	
reuce & Moon	2
	St., Ward.  If nonresident give city or town and State
(Usual place of abode)	MEDICAL CERTIFICATE OF DEATH
ATISTICAL PARTICULARS	
S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
Elloore	22. I HEREBY CERTIFY. That I attended deceased from
or) March 27 1869 onths Days IT LESS than	I last saw heave alive on the date steted above, at 100 mm.
18 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
NET House wife	Ehrme myocardilir June 1938
L,	<u> </u>
2 11. Total time (years) 3 yrs spent in this occupation  Phila Pa	Other Contributory Causes of importance:
arrhanks	
Wilcom on	Name of operation Date of Was there an autopsy?
Elizabellitariban	27. If death wes due to external causes (VIDL ENCE) fill In elso the following:
Fall of Co	Accident, suicide, or homicide? Date of injury, 19
Morning was	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
eleng Date (Sept 16 , 19 33	Manner of injury
Ellevenen from	24. Was disease or injury in any way related to occupation of deceased? 200
Soul Registrar.	(Signed) M. D.  (Address) Weekle, Red
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

FOR BINDING

MARGIN RESERVED

STATE OF MARYLAND—	CERTIFICATE OF DEATH	297
1. PLACE OF DEATH	(3)	() ()
County Jally	Registration Dist. No. 29	
	death occurred in a horpital or institution, give its NAME instead of street and n	Ward
$\gamma \gamma $	Jist and the state of the state	sds.
	and	
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	Diale
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH	
J. While OR DIVORCED (write the word)	Sept 26 (Month) (Day)	193 3
5a. If married, widowed, or divorced— HUSBAND of—		(Year)
(or) WIFE of John margare	22. I HEREBY CERTIFY, That I attended of	deceased from
S DATE OF DIPTULA AND A STATE AS A STATE OF THE ASSAULT AND A STATE OF THE ASSAULT AS A STATE OF	1 / 1	, 19
6. DATE OF BIRTH/month, day, and year Level 5, 1879 7. AGE Years Months Days If LESS than	10 45	; death is said
5)+ //3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Trade, profession, or particular	were as tollows:	Date of onset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this operupation (month and	Chronic Parenchymoton	
9. Industry or business in which work was done, as SILK MILL,	nephriti	3 month
SAW MILL, BANK, etc		
this occupation (month and spent in this year)		
51. 0 1	Other Contributory Canses of importance:	
12. BIRTHPLACE (city or town) / Mary and (State or country)		
B. MAME andrews		
14. BIRTHPLACE (city or town) Many land	Name of acception	
(State or country)	Name of operation Date of What test confirmed diagnosis? Clinical Was there an au	7.
15. MAIDEN NAME Margaret Once	What test confirmed diagnosis? Was there an au  23. If daath was due to external causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town) - Mary land	Accident, suicide, or homicide? Date of injury	
≤   (State or country)	Where did injury occur?	
17. INFORMANT Mr. Beafry Melky	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	CE.
(Address) Condoral ned		
18. BURIAL, CREMATION, OR TEMPOVAL  Place Date 9 29 193 3	Manner of injury	
Place 2 are Date 1/29, 1933	Nature of Injury	
19. UNDERTAKER LINES (1) Seile (Address) Easland	24. Was disease or injury in any way related to occupation of deceased?	20
20. FILED 9/28, 1933 7 W. News	(Signed) 2 . Co	M. D.
The same blanks are all the Company		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA
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mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. MARGIN RESERVED FOR BINDING

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	210-MR 11 13369
County 10100 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Registration Dist No. 290
Village or City (all Mark)	No. O. W. C. Ward St., Ward
	death occurred in a horpus or institution give its NAME instead of street and number)
	1 1 1 1 1
2. FULL NAME / Waces lears ou	15 M.M.
(a) Residence: No.	No. St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEXAL 4. ORLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced	
HUSBAND of (or) WIFE of	22. HEREBY CERTIFY That Nattended deceased from
A DATE OF BURTH (molley bushing 1904	1902
6. DATE OF BIRTH (month, day, and year)  7. AGE Months Days If LESS than	to have occurred on the date stated above, at
2 Q 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular	were as follows: Traction of SNall Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	Whas
9. Industry or business in which work was done, as SILK MILL,	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this securation (month and) spent in this	
this occupation (month and spant in this occupation occupation	
Q-V-	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) 10011. M. A Q.   VICX 1.	Surge
E	Name of operation Date of
4. BIRTHPLACE (city or town)   (State or country)   Mary and	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME have Harden	23. If death was due to external causes (VIOL ENCE) full in also the following
15. MAIDEN NAME \ au Harden	Accident, suicide, or homicides accident Date of Injury 9/10/ 19 33
(State or country) Maryland	Where did injury occur? War Chapel, Hed:
17. INFORMANT AMAMAA Melagne	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) 722 Sapp St. Ballo- Ma	- On Read : Guito mobile areadens
18. BURIAN TREMOTION OF REMOVAL	Manner of Injury August Vy Car
Place Date Date 1, 1900	Nature of Injury 7-1 CLEMAN 9 SHALL
19. UNDERTAKER Dyrow & Manue Wight	24. Was disease or injury in any way related to occupation of deceased?
(Address) & MCFOdry St. Dallo.	If so, specify
20. FILED 9. 1. 3	(Signed) Sult M:) M. D.
If more blanks are needed address State Registrar	241 N. Charles Street Refinence Properties 71 S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at sehool or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as scrvant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail mcrchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
12(11)			
Other contributors causes of Importance:	May 1,1923	Other contributory causes of importance:	1 year
BURE			

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 09325
1. PLACE OF DEATH	(3)
County Jalby	Registration Dist. No. 2904
Village or City & aslow	(If death occurred in a hospital for institution, give its NAME instead of street and number)
	osds. How long in U. S. If of foreign birth?yrsmosds.
2. FULL NAME Baly Probenion (	Stillborn)
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
3. SEX 4. COLOR, OR, RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (Pursice the word)	September 25, 193.3. (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceesed from
6. DATE OF BIRTH (month, day, and year) Sept 25. 1938	I last saw haliva on 19 death is said
7. AGE Years Months Deys If LESS than	to have occurred on the date steted above, atm.
Stell land or min.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence were as follows:
8. Trede, profession, or particuler kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	acute publication
9 Industry or business in which	(interstice) maternal about
work was done, es SILK MILL, SAW MILL, BANK, etc.	S-18 193
10. Date deceased last worked et this occupation (month and year)	
Engrand How het I	Other Contributory Causes of importance:
(State or country)	
13. NAME Mr. Robert Lea, Robinson	
13. NAME Mr. Robert Ley Robinson  14. BIRTHPLACE (city or town) . Susterly N	Name of operation Date of
(State of country)	What test confirmed diegnosis? Was thera an autopsy?
16. BIRTHPLACE (city or town) Lester for away	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
m. Tit Ready	Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Closte town md.	openi mining many coccord in the contr, in nome, of the obeto rende.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place remation anequation 1 9/21,793	Nature of tnjury
19. UNDERTAKER & neggency Transpel	A4. Was disease or injury in any wey related to occupation of deceased?
(Address) Castare	If so, specify
20. FILED 9/26 , 1933 / W. News	(Signed) (Address) (Address)
Registrar.	" (Undiago)

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BX	PHYSICIAN

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 09326
1. PLACE OF DEATH	210-m
County / all	Registration Dist. No. 290
Village or City Early	NO MORQUICH MOSPIAAL St., Ward
Length of residence in city or town where death occurredyrsmos	death occurred in a hypital or institution, give its NAME instead of street and number)  How long in U.S. I of foreign birth?
3	3 R.W. 14 min.
2. FULL NAME Carent Tunas	20. 1
(a) Residence: ND. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
M Black OR DIVORCED (with the world)	(Month) (Day) (Year)
5a. If merried, widowed, or divorced HUSBAND of	D LINES EDV CEDELEY THE LANGE AND A CONTROL OF THE
(or) WIFE of the Thomas	22. CIHEREBY CERTIFY. That I attended deceased from
7.//	I last sew h. MAA alive on St. O. T. 19313; death is said
7. AGE. Years Months Days If LESS than	to heve occurred on the date steted above, at 10 m,
almut 47 lday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or perticular	Intra Thoracic Hemorrhage Date of onset
SAWYER, BODKKEEPER, etc.	from puncture of right lung
9. Industry or business In which work wes done, as SILK MILL,	by fractured ribs. 9/7/33
SAW MILL, BANK, etc	
10. Date decessed last worked et 1. Total time (yeers) spant in this occupation (month end 9/6/3) occupation occupation	
Prode 1201	Other Coptributory Causes of importance: Possible Fracture at base of skull.
12. BIRTHPLACE (city or town) \ (State or country)	Shock 9/1/22
II 13. NAME Peter /hubband	
14, BIRTHPLACE (city or town)	Name of operation Date of
14. BIRTHPLACE (city or town)   14. City or town)   14. City or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME WILLIAM	23. If death was due to external causes (VIOLENCE) fill in also the following; 7th
15. MAIDEN NAME  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Hom 1610 e Date of injury 9/141953
E (State or tountry)	Where did injury occur? Lenton Nd - Treaton - Caroline Co - Md. (Specify city or town, county and State)
17. INFORMANT VIII CEPLINS	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.  Public Place
(Address) Prostand	Struck by out and hile
18. BURIAL, CREMATION OR REMOVAL Place A Marian Date 9/9/33 19	Frontuned nihe
Place Mildon Date 19 19	Mature of injury
19. UNDERTAKER // / YOUR SON	24. Was disease of injury in any way related to compation of deceased
(Address)	If so, specify (Signed)  Archy  M. D
2D. FILED 79 9 19 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(Address)
If more blanks are needed, address State Resistrar	1/4

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of import Oce 138  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year
18			

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

C	rections	of items 5a	(wife's name	and 23	(date of injury	nd whether
					October 2 by new	
	in author	ization file	under Dr. KNIT	TER - I.		

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o N	
Z	
'n	
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STATE OF MARYLAND—	-CERTIFICATE OF DEATH
County Talbot	Registration Dist. No. 291
Village or City Standau M	No. St., No.
	ds. How long in U.S. if of foreign birth?yrsmos
(a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIJORCED (write the word)  Mussur	21. DATE OF DEATH 18 193 3 (Year (Month) (Day) (Year
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harband of Katur / bonne	22.   HEREBY CERTIFY, Thet Lettended deceased
6. DATE OF BIRTH (month, day, and year) July 22-1871	l lest saw here alive on Sept 18 1933 death is
7. AGE Years Months Days If LESS than 1 day,hrs.	to heve occurred on the date stated above, at
8. Trede, profession, or perticular kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL,	were as follows:  Deteofo  Claute Brights Disease
work was done, es SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month end year)  Occupation  Occupation	
12. BIRTHPLACE (city or town) Talbot 60 (State or country)	Other Contributory Causes of Importance:
I 13. NAME David W I forman	Compational (Onfrasino)
14. BIRTHPLACE (city or town) / Webat lo or (State or country)	Name of eperation Date of What test confirmed diegnosis? Would Was there an au'opsy?
15. MAIDEN NAME Mary Thomas	23. if death was due to externel causes (VIOLENCE) fill In elso the following:
16. BIRTHPLACE (city or town) Tulbon 65 (State or country)	Accident, suicide, or homicide?
17. INFORMANT Sille In Thomas (Address) Stomehow and	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Deta Sept 124, 1933	Manner of Injury
19. UNDERTAKER Manamarahan	24. Was disease or injury in any way related to occupation of decessed?  If so, specify Calores espared a weather ch
20. FILED. A fet 18, 1933 John Hurrales Registrar.	(Signed) Phylip By Lewis Maddress) St. Muchaela Phyl. 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER	STATEMENTS BY PHYSICIAN
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mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in thin terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

m.

MARGIN RESERVED FOR BINDING

STATE OF MARYLAND—C	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County /allit	Registration Dist. No. 290
	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME	uas
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I attended daceased from
6. DATE OF BIRTH (month, day, and year) Sept. 7, 1933	, 19 to , , , , , , , , , , , , , , , , , ,
7. AGE Yaars Months Days If LESS than I day,	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.  10. Data deceased last worked at this occupation (month and yaar) occupation	Congenital de la literation de la
12. BIRTHPLACE (city or town) Santon - P )# /	Dther Contributory Causes of importance:
13. NAME   Reveal 6. Pour as	Name of operation
4. BIRTHPLACE (city or town) (State or country)	What test confirmed diagnosis?
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  Paradal & Rocces	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place Constant - IP 1 Date 9 9 1933	Manner of injury
19 UNDERTAKER Paudal E. Planuas (Address) Easton RD#	24. Was disease or injury In any way related to occupation of decaased?
20. FILED 9 / 9 , 19 33 77 31. Neurus Registrar.	(Signed) - A Control of the Control

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state MARGIN RESERVED FOR BINDING

1. PLACE O	MINA +			Pagietration	Dist. No. 291
County	000				
Village or C	City Bellevi	C	न्त <u>ा</u>	No. death occurred in a hospital or institution, give its NAM	St., WallE instead of street and number)
Length of resi	dence in city or town where	deeth occurred		ds. How long in U.S. if of foreign birth?	
2. FULL NA	ME Insar	it Z	urner		
(a) Residen	ice: No= dias	d bor	n	St. Ward.	
(Usual place of abode)				If nonresiden	it give city or town and State
	AL AND STATIST			MEDICAL CERTIFICAT	E OF DEATH
3. SEX male	4. COLOR OR RACE		RRIED, WIDOWED, CED (write tha word)	21. DATE OF DEATH	(Day), 193 3 (Year)
5a. If married, widow HUSBAND of (or) WIFE of	ved, or divorced	-		22. I HEREBY CERTIF	Y, That I ettended deceesed fro
6. DATE OF BIRTH	(month, day, and year)	ept 14	1933	I last saw h alive on	
7. AGE Yea		Days	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated ebove, at The PRINCIPAL CAUSE OF DEATH and related cau were as follows:	
SAWYER  9. Industry or work wa SAW MII  10. Data decees	ssion, or particular work dona, as SPINNER, i, BOOKKEEPER, etcbusiness in which is done, as SILK MILL, LL, BANK, etc		I time (years)	midsvife Clarse The was not pres deliver Child dur	a Lawrence cent to as not Calle
12. BIRTHPLACE (ci	ity or town)		wmer	Other Contributory Causes of Importance:	when she got
	E (city or town)	A-1	- A	Name of operation	Date of
(2) (2) (2) (3) (3)	r country)	COOC	Co	What test confirmed diagnosis?	Was there an autopsy?
	E (city or town) 7 r country) 2	Lyac bot	Co nel	23. If death was due to external causes (VIOLENCE)  Accident, suicide, or homicide?  Where did injury occur?  (Specify city of Specify whether injury occurred in INDUSTRY, in H	Date of injury, 19
(Address)		BE Ea	ston.		
18. BURIAL, CREMAT	1 01	Data_Alefo	IN 14 , 19 33	Manner of injury	
19. UNDERTAKER _ A	The Father	Howar	d O Jurn	24. Was disease or injury in any way ralated to occu	pation of deceasad?
20. FILED Sel	-14 1033 In	hus Hi	urwales.	(Signed) J. Hurrale) (Address) St. Inich.	Lorcal Ricialio

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 wcek ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
TOUBLU V.				
Other contributory causes of importance:		Other contributory causes of importance:	114	
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SP.	ACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Stated EXACTLY. PHYSICIANS SHOWS. CORD. Every item of infor-B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT BINDING CAUSE OF DEATH in plain terms, so that it may be properly of TION is very important. See instructions on back of certificate. FOR MARGIN RESERVED

V. S. No. 1

ż

1. PLACE OF REATH	-CERTIFICATE OF DEATH
County Fallyt	Registration Dist. No. 342
<b>b</b> . <b>U A A</b>	
Village or City New How	
Length of residence in city or town where deeth occurredyrs,m	osds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME Turkundy	
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
I. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I ettended deceased from
DATE OF BIRTH (month, dey, and year) Selat 7-33?)	I lest saw h alive on 19 death is sal
AGE Years   Months   Days   If LESS then	to heve occurred on the date stated above, atm.
1 deyhi	was as fellows:
8 Trede profession or perticular	Were as follows. Data of onse
kind of work done as SPINNER, SAWYER, BDDKKEPER, etc.  9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked et this preparation (month and	Triullyne broth
9. Industry or business in which work wes done, as SILK MILL,	Body found on premise of Keep
SAW MILL, BANK, etc	Curring Co on Sept 7- (About and
this occupation (month and spent in this occupation occupation	death offerently walter presons
	Other Coatributary Causes of importence:
2. BIRTHPLACE (city or town)	
13. NAME (A 0	
14. BIRTHPLACE (city or town)	Neme of operation Dete of
14. BIRTHPLACE (city or town) (Stete or country)	What test confirmed diagnosis?
15. MAIDEN NAME	23. If death wes due to external causes (VIOLENCE) fill In elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	Where did injury occur?
7. INFORMANT The Skeeper Property (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
B. BURIAL, CREMATION, OR REMOVAL Place New Public Dete Sept 7-, 19.3.	Manner of injury
9. UNDERTARER Hide Yolkon (Address) Trappe him	24. Wes disease or injury in any way related to occupetion of deceased?
0. FILED Sept 7, 19 33 Joseph a Cond Event Registras.	(Signed) Orella (Constant) M.  (Address) Gunne Sun

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

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Example 1	is in	Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

BINDING

FOR

ARGIN RESERVED

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioseleronis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
OCT- 0.1933			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE FO	OR FURTHER	STATEMENTS	BY	PHYSICIAN
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PHYSICIANS should state AINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforof OCCUPA-Exact statement N. B.—WRITE TAINLY, WITH UNFADING INK—THIS IS A PERMANENT R mation should be carefully supplied. AGE should be stated EXACTLY. DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. CAUSEOF

MARGIN RESERVED FOR BINDING

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County (a) bol	Registration Dist. No. 290
Village or City 505 16 m	No. KMETACN CU XOSONAJ. St., Ward If death occurred in a horpitanor institution give its NAM instead of street and number)
Length of residence in city or town where death pecurredyrsmo	s
2. FULL NAME CONSI LA CONSILIA Marchen	
(a) Residence: No. Foder Alsburg Mc	, St., Ward.
(Usual place of about)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX   4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH
Female White Single the word)	Month Temper 10, 1933 (Month) (Dey) (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	23 I HEREBY CERTIFY, That I attended deceased from 1933 to Sept. 10 1933
6. DATE OF BIRTH (month, day, and year) Masch, 20, 1927	I last saw held alive on Dept. 10 1933; death is seid
7. AGE Years Months Days If LESS than	to have occurred on the dete stated above, at 2:15 A.m.
© 5 22 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importence were as follows:
8. Trede, profession, or particuler kind of work done, as SPINNER, School Qirl SAWYER, BODKKEEPER, etc.	Tythord Feller 3 week
kind of work done, as SPINNER, SAWYER, BODKKEPER, etc.  9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.  10. Dato deceased last worked et this securation (month end	7
10-0	Diher Contributory Causes of importance:
12. BIRTHPLACE (city or town) Alelauxu (State or country)	
13. NAME & ruest Warren	
13. NAME LIVERT WORKEN  14. BIRTHPLACE (city or town)  (State or country)	Name of operation Date of
(Stete of Country) receasing	What test confirmed diagnosis? Was there an europsy? No
15. MAIDEN NAME A SALUES  16. BIRTHPLACE (city or town)  (State or country)	23. If death was due to external couscs (VIDLENCE) fill in elso the following:
O 16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide?
17. INFORMANT B. B. Niory	Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) Doutound,	
Place Burrourlle Ma Date Sept 12 , 1933	Manner of injury
19. UNDERTAKER JB Mone (Address) Lewelm no	24. Wes diseese or injury in eny wey related to occupation of deceased?
20. FILED 9/1/ 1933 77- St. news	(Signed) M. D.
Registrar.	(Address) Laston

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			•

09331

(Year)

Date of enset

That I attended deceased from

_	1		Local Registrar.	1	(Address)	Jarondo	Ç.
If	тоте	blanks are needed,	address State Registrar,	2411 N.	Charles Street, Baltimore,	Requesting U. S. No.	I.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		UBATE	
Other contributory causes of importance:		Other contributory causes of importance:	3
Gallstones	May 1,1923	Gastroenteritis	1 year

# ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA 1. PLACE OF DEATH bluods Registration Dist. No. County XQVSt., Village or City Jo (If death occurred in a horpital or institution, give its NAME instead of street and number) PHYSICIANS Length of residence in city or lown where deeth occurred S. if of foreign birth? statement 2. FULL NAME ORD. (a) Residence: No If nonresident give city or town and State (Usual place of abode) Exact MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH 3. SEX 5. SINGLE, MARRIED, WIDOWED, OR RACE OR DIVORCED (porite the word) PERMANENT (Day) (Year) CTI classified 5a. If married, widowed, or divorced HUSBAND of 22 ERTIFY. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and yeer) certificate. properly If LESS than 7. AGE Years Months Days to have occurred on the date stated above stated 1 dey, \_\_\_\_\_hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or\_\_\_\_min. were es follows: Date of onset 8. Trade, profession, or particular OCCUPATION THIS kind of work done, as SPINNER. he pe Jo SAWYER, BOOKKEEPER, etc ... may back 1 Industry or business in which should work was done, es SILK MILL, SAW MILL, BANK, etc. UNFADING INK 10. Date deceased last worked et 11. Totel time (years) on spent in this this occupation (month and that occupation\_ See, instructions 12. BIRTHPLACE (city or town) (State or country supplied. terms, FATHER 13. NAME 14. BIRTHPLACE (city or town plain (State or country) carefully What test confirmed diagnosis?. MOTHER very important. 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide? ..... Date of Injury ... DEATH 16. BIRTHPLACE (city or town (State or country) Where did injury occur?\_ should be (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT (Address) OF 18. BURIAL, CREMATION, OR REMOVAL Manner of injury WRITE CAUSE Place OCL Dete. mation LION Nature of injury 24. Was disease or injury in any way related to occupation of dece 19. UNDERTAKER (Address) If so, specify (Signed) 20. FILED\_ Registrar. (Address)

BINDING

FOR

MARGIN RESERVED

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Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

2	V. S. No. 1 N. B.—WRITE PLAINLY, W	V.S. No. 1 N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT REGORD. Every item of infor-	ery item of infor-
	mation should be carefu	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	NS should state
-	CAUSE OF DEATH in	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	mt of OCCUPA.
1	TION is very important	TION is very important. See instructions on back of certificate.	

STATE OF MARYLAND-	-CERTIFICATE OF DEATH	333
1. PLACE OF DEATH	24 Dr 71,00 1	7
County Salvof	Registration Dist. No.	90
Village or City Syntown Eaglow Tred	NoSt.,	Ward
Length of residence in city or townwhere death occurredyrs	(If death occurred in a horpital or institution, give its NAME instead of street and number of the control of t	
Length of residence in city or town where death occurredyrs	ios	
(a) Residence: No.	St., Ward.	
(Usual place of abode)	If nonresident give city or town and S	itate
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the Gord)	21. DATE OF DEATH  Month)  One (Oay)	193 (Yaar)
5a. If marriad, widowad, or divorcad HUSBAND of (or) WIFE of	22. PLA I HEREBY CERTIFY, That I attanded d	eceased from
6. DATE OF BIRTH (month, day, and year) March 11-19	2 a I last saw han aliva on hand 193	death Is said
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than		
/0- 6   1 day,h	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	
8 Trada profession or particular	FONO / DA MALO	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Data deceased last worked at this occupation (month and specific property).	And Till	400
11. Total tima (years) this occupation (month and year) year)	Many els Maria	
12. BIRTHPLACE (city or town) Castley IVD (State or country) Jacks 1	Other Contributory Causes of Importance:	
T T A A A	Name of a south	
14. BIRTHPLACE (city or town) (Stata or country)	Nama of operation Data of What test confirmed diagnosis? Was thera an au	n'oney?
15. MALOEN NAME Grace Welson	23. If death was due to externat causes (VIOLENCE) filt in also the following:	
16. BIRTHPLACE (city or town) Early RD  (State or country) The Country RD	Accident, suicide, or homicide? Date of injury	
17. N. ORMANT Stattle Spelson (Address)	Where did injury occur? (Specify city or town, county and State Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLA	CE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury	
Place AM WWY	3 Nature of Injury	
19. UNDERTAKER Adue of Mulleague	24. Was disaase gr injury In any way related to occupation of deceased?	
(Address) Quality (Address)	if so, specify and an analysis of the second and analysis of the second analysis of the second and analysis of the second and analysis of the second and analysis of the second analysis of the second and analysis of the second analysis of	M. O.
20. FILED	(Address)	Less
If more blanks are needed, address State Regist.	rar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

V. S. No. 1

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PI	HYSICIAN
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j	9	3	3	4

1. PLACE OF DEATH	<u> </u>
County Fallow	Registration Dist. No. 29%
Village or City Tulan oralle	No. St Word
Length of residence In city or town where death occurredyrs	(If death occurred in a hospital or institution, give its NAME instead of street and number)
1/0 \	mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME / Vellen fearelle /	Cuson
(a) Residence: No. (Usual place of abode)	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDON	
OR DIVORCED (write that	word) 20 11-
5a, If married, widowed, or divorced	(Month) (Day) (Yaar)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet I attended deceasad from
6 DATE OF BIRTH (month day and vest)	, 19, to, 19, 19
o. DATE Of BIRTH (Month, day, end year)	reast sew it death is said
7. AGE Years Months Days if LESS I day.	To make becaused on the date stated above, at
8. Trade, profession, or perticular	nin. were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.  9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, atc  10. Date decased last worked at his occuration (mostle and	
9. Industry or business in which	Still-trail
work was done, as SILK MILL, SAW MILL, BANK, atc.	
spent in this	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
(State or country)	
13. NAME Or sey Olarlee Poloson  14. BIRTHPLACE (city or town)	2
4 14. BIRTHPLACE (city or town) (State or country)	Nama of operation
	What test confirmad diagnosis? Was there an autopsy?
There were complete	23. if daath was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)  (State or country)	Accidant, suicide, or homicida? Data of injury, 19
malt who have	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Near State Date Scht 18,1	9.0.0. Nature of injury
19. UNDERTAKER NOTSEY 6. Milson	24. Was disease or injury in any way related to occupation of deceased?
(Address)	If so, specify
20, FILED Super No - 1933 Josephalcon.	(Signad) Hoell OlCon (Censtra) M.D.
CO. FILED Steel Regist	The state of the s
	egistrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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MARGIN RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example 1		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BI	PHISICIAN

CORD. Every item of infor-PHYSICIANS should state

of OCCUPA.

Exact statement

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AGE

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CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

of certificate.

See instructions on back

TION is very important.

דואפ	ATTENDED.
BINDING	THE PERSON AS NOT NOT THE PERSON
FOR	* 20
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KENER VED	
Z Z	20000
MAKGIN	Trans. Organia . Service
	-

STATE OF MARYLAND-CERTIFICATE OF DEATH

09337

STATE OF MARTEAND	CLIVIII ICATE OF DEATH
1. PLACE OF DEATH	75
County Sell of	Registration Dist. No. 24
Village or City Meas Vyaffe (If Length of residence la city of Own where death occurred 3 4 yrs. 1) mos.	ND. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)  1 death occurred in a hospital or institution, give its NAME instead of street and number)  4 death occurred in a hospital or institution, give its NAME instead of street and number)  4 death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Colu Waters Welso	1
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Marked	21. DATE OF DEATH Sept 17 (Oey) (Year)
5e. If married, widowed, or divorced HUSBANO of (or) WIFE of Way Wilson	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)  7. AGE  Yeers  Months  Deys  1 LESS then 1 day,	to have occurred on the dete stated above, at
8. Trade, profession, or perticular kind of work done, es SPINNER. Jaborel  9. Industry or business in which work was done, es SILK MILL,  SAW MILL, BANK, etc  10. Oete deceased lest worked at this occupation (month and yeer)	Ingge by a friend who left him in the
12. BIRTHPLACE (city or town) (State or country)  Language State or country)  Language State or country (State or country)  Language State or country (State or country)  Language State or country (State or country)	Mext morning he was found dead, bding died from weste alcondiams and falling from the briggy after his death.
K t4. BIRTAPLACE (city or town) Author Co	Neme of operation Dete of What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME Magaset a Maller  16. BIRTHPLACE (city or town)  (Stete or country)  17. INFORMANT Maggie Banks	23. If death was due to external causes (VIOLENCE) fill In also the following:  Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place News Irruffe Octo Seft 20, 19 3 3	Menner of Injury
19. UNDERTAKER Marin & Lleinan oson (Address) Frage rud 20. FILEO. Sept 18 1933 Joseph Coro	24. Was disease or injury In any way releted to occupetion of deceased? No If so, specify (Signed) hus. 6. Sumpson Jownes
20. FILEO DA COLLEGA (19.0)	(Address) Frakkle md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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		9401 2 230	
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